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| **Guild of Healthcare Pharmacists****National Organising and Professional Committee Meeting with RPS****January 7, 2025**  |
| Three representatives of the Royal Pharmaceutical Society (RPS) joined the meeting to discuss the proposal for RPS to become a Royal College and Charity. They were Claire Anderson (RPS President), Paul Bennett (RPS Chief Executive) and Joseph Oakley (RPS Associate Director of Assessment & Credentialing) |
| The president noted the correspondence between GHP and RPS over the latter part of 2024. The aim of today’s meeting was to give an opportunity to explore some of the concerns, comments and discussions we have had with members, enable a collaborative discussion and agree how we would work together moving forward. Paul Bennett reiterated his appreciation of the collaborative approach and how it was welcomed by RPS. The RPS had commissioned an 18-month piece of work from an independent organisation which produced a number of recommendations detailing the need for essential change to the RPS constitution and governance. The strongest recommendation, which was unanimously adopted, was for the RPS to move to becoming a registered charity and a Royal College. Work has been underway since then to put this to full RPS members in a special resolution vote (SRV) the date of which will be announced shortly. Work has involved working out what the recommendation might look like and a series of roadshows around the country to present the proposal and answer questions. A [report](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Guidance/Roadshow%20Report_10_01_25_single%20pages.pdf) on the 15 roadshows was released just before Christmas. The proposal is for the RPS to register as a charity and it will therefore have to comply with Charity Law and create a board of trustees comprising both members and appointees. Changes in governance require a change to the existing Royal Charter which is very constraining and does not allow flexibility for future growth and improvements in efficiency. Further details are available on the RPS website. The SRV will require two thirds **of those voting** to vote for the proposal. If the vote is in favour, then it is hoped the fully formed Royal College will be operational in late spring/early summer of 2026. Q. *What form will the stakeholder group take? Who will be on it? What sort of engagement has already taken place and what do you envision for the future?*A. The pharmacy ecosystem is very complex with many interested bodies. There are the three pharmacy professional leadership bodies – the RPS, the Pharmacy Forum for Northern Ireland and pharmacy technician bodies such as APTUK. Then there are the unions such as GHP – and the pharmacy trade bodies – the CCA, the NPA, the Independent Pharmacy Association and the rest. Then there are all the special interest groups. The other key body is the UK Pharmacy Professional Leadership Advisory Board (UKPPLAB). Claire Anderson represents RPS on that Board. All are committed to the importance of a strong professional leadership body but the work is broader than that and it is thought UKPPLAB will enable dialogue between the different groups and probably broader than the groups that are currently on it – other pharmacy stakeholders and the public. We will be much stronger as a profession if we are all working in collaboration and it should also mean that our voice is heard more strongly in government. Q. *Where will accountability lie? If RPS is successful in forming a Royal College, will it be acting in the interest of members or will there be influence from the pharmaceutical industry or government?*A. Collaborative working with employers, commissioners and the wider industry is really important, but RPS isn’t seeking to create anything beholden to any of them. RPS is accountable to its members. In future, RPS will also be accountable to charity regulators through the board of trustees. Elected members can direct the RPS strategically and operationally through RPS staff.Q. *A major concern for GHP members is the suggestion that the Royal College wants to link career progression to Agenda for Change (AfC). An engagement process with the NHS Staff Council will be essential. Can you outline the process and when that engagement will be happening?*A. The proposals are driven by RPS ambitions around professional leadership, strengthening the profession and benefiting patients, public and RPS membership. There hasn’t been a targeted ambition around NHS terms and conditions or AfC. RPS would ask GHP and others for advice and guidance. RPS are clear about the importance of strengthening assessment and credentialling and consider there is a lot to discuss further which is why they are working collaboratively for a positive outcome for all in terms of helping develop capability, professional progression and mobility.  Joseph Oakley isn’t a pharmacist, but having worked with the unions involved with the Royal College of Physicians and the College of Optometrists, he has a clear idea of the important role of GHP and other unions, in parallel to a Royal College leadership body. Employee terms and conditions and what a credential means in terms of grade are outside of the RPS’s remit. They consider that to incentivise people to complete credentialling, take on additional complexity and demonstrate their capability should result in and be linked to career progression in the same way that diplomas and other academic qualifications are currently. It is, however, up to unions to lead on any negotiations with employers on effects on grading. The RPS will advocate for it to be meaningful because of the amount of work involved. It does need employer support and RPS does support the GHP protected learning time campaign. Q. *In the initial RPS response to the GHP letter, it was mentioned that integrating credentialling into job descriptions, job plans, career progression and remuneration would be an essential part of this process. Can you provide more detail on what you expect the impact of credentialling to be on remuneration? And how you arrived at that conclusion? It does require significant investment and resource. As a profession, where is this investment is coming from?*A. Achievement of a diploma is a criterion which is used to enable progression to a different pay point. Similarly, the consultant credential should enable promotion, as an objective and valid demonstration of individual’s readiness for promotion. The rest does not sit with RPS. Candidate feedback is that they would engage more readily with professional development and RPS programmes if they could see the tangible benefit to them at the end of the process. Access to credentialling is not restricted to RPS members and that situation will remain. It will not be necessary to be a member of the Royal College in order to access the assessments to demonstrate advanced level capability and progressing careers. Q. *So the RPS as the introducer of the additional cost hasn’t had any conversations about where resources may be acquired?*A. No, but the assessment has been costed and the assessment fee paid by those undergoing credentialling helps cover those costs. Covering that cost would be a legitimate conversation that GHP would want to have with employers. Q. *You said this would offer a clear line of progression for the profession and then be more like scaffolding. We can see the need for this in GP practice and in community pharmacy. In the managed sector, however, we already have something similar. How’s this system going to overlay it? Is it going to be grandfathering? How do we say to members that there is a clear path and perhaps a number of offshoot desire paths to get to the end result. What does that look like?*A. The RPS very much identify with the scaffolding approach in terms of helping people to step up and forward in a managed and supported manner to develop their careers. The RPS’ National Pharmacy Boards have all been very clear and unanimous in regarding protected learning time and supported learning as vital if the profession is to develop in the way that the leaders want it to.  The hospital sector has historically had the most established system. The RPS think this is an evolution of that system and don’t want to discard everything and introduce something new. Comparison of Master’s programmes in different regions meant that different recognition of previous learning was necessary because the contents were quite different. They were developed to meet local and employer needs and there is wide disparity and variation in what those qualifications entail. RPS want to move to a National Curriculum. Curriculums have a section entitled support requirements which outlines what the curriculum developer recommends. This details the type of experiential learning required, their mentorship and educational supervision. RPS can only recommend, but want to empower employees to say that if they are to be developed against this curriculum, they need these roles to support them and these roles to support gathering evidence. The way a person develops as an individual and pharmacist to reach the standard for the assessment is very flexible and can entail academic, non-academic and mixed model approaches. Detailing what the qualification will automatically exempt in the core advanced curriculum will allow the candidate to build the evidence for the rest and get credentialled at the same time. Q. *Are not all clinical diplomas generally accepted as interchangeable? A person may have a second one as part of a specialism e.g. cancer. Is Royal College membership intended to be voluntary or like a medical Royal College where progression requires membership of the Royal College and having all the correct credentials that dictate the path to consultant?*A. Credentialling is open to all. It is not a member only option, unlike the faculty. There have been successful members and successful non-members completing the credentialling at all levels. Assessors have no information on the candidate’s RPS membership status. It was a conscious decision of the medical profession to have a common assessment across the UK used for career progression. It has to be wanted by the pharmacy profession as a whole and cannot be imposed by the RPS or future Royal College. There is also no intention to restrict membership entry to future Royal College through an examination route. Q. *In Scotland, the credential is currently being used as a benchmark for progression to band 7. There are not enough people credentialled at the moment and the turnover would be too slow for band 7 recruitment and the preparing to prescribe checkpoint is very subjective. Members are likely to be unhappy at the disparity of someone being signed off to go for promotion where others are not.* A. RPS reckons there are lots of anomalies in place across pharmacy. They are striving to achieve a consistency of approach so the flexibility and portability is enhanced by this rather than it being an obstacle or restriction. We know the differences in approach between NHS Education Scotland (NES), Wales and the combined NHS England education and development streams. RPS staff are working hard to get continuity and consistency across the nations. Q. *Members are concerned that the RPS paying membership is a small minority of the profession and that the RPS is doing something that seeks to fundamentally change the structure and progress within the profession without having a very broad mandate. It feels like a top-down imposition rather than something that pharmacists are requesting. Is it a very important part of arresting falling membership of the RPS and improving its power to shape the future of the profession?*A. The RPS has had a declining membership since 2010. Prior to that, there was 100% membership of the RPSGB when it was the regulator. The paid membership of pharmacists and pharmaceutical scientists has now reached a level of about 2/3 of the total membership. The remainder is made up of the growing student membership and foundation membership. There is work on membership strategy and membership value propositions to enhance the value of membership in a tangible way for those eligible to join. This is completely separate to the work on constitutional governance and will continue whatever the outcome of the SRV. If it attracts members, that is a bonus. Comment: *A strong professional leadership body can be delinked from the accreditation part. People are concerned about the financial and time costs that accreditation will add to their lives. When we're doing more and more work for less and less money and less and less time, people are very worried. The additional pressure of accreditation is significant and it would be better to have achieved protected learning time and funding for accreditation before it appears in job descriptions, recruitment panels and interview questions. The preparation needs to be there before then.*A. RPS considers that assessment drives behaviour and drives learning. Having assessment in place has accelerated progress in some areas. There is no way for the RPS to make this statutory or enforce it onto the system. Q. *Is it correct that portfolios won’t be limited to RPS members, but available to all?*A. That is the case now for advanced and consultant. Non-members access it for post registration foundation, but they have to access it through a national programme at the moment because we wouldn't want people engaging with this without support, without a national programme, failing and feeling discouraged. The membership status of the individual has no bearing on access to the curriculum, e-portfolio or ability to access the assessment and there have been successful non-members at all levels of credentialing to date. Obviously, as a member you would get more support from us. Otherwise, what's the benefit of membership?Q. *What is your position regarding pharmacist apprenticeship? Is that going to change? Is it something you'll be looking at in the future? Some members are quite concerned about this coming back.* A. We don't intend to bring it back. If it (the concept of degree apprenticeships in pharmacy) comes back, we'll obviously engage with it and join the debate, but there is no set opinion at the moment about it. The principle of allowing increased routes of accessibility to study the profession was welcomed. The important consideration was that there was no unintended consequence of diminishing the status of the MPharm degree. If there are to be alternative approaches and routes, they have to be of an equal standard for RPS to be assured that patient safety is not compromised. That position has not been revisited since then. Q. *When will a detailed impact assessment and papers for consideration be made available to eligible voters? Does this include an equality impact assessment and a social impact assessment, and if so, do they find any areas of concern with your proposal?*A. We are close to providing more detailed proposals to our membership and to the wider registrant population because we're keen that non-members and members can consider these proposals in more detail. That will include details around proposed changes to the Royal Charter and what that means in terms of future regulations and how they would be managed. There will be more detail about the governance structure that's proposed. What we have to do is lay before the membership all of the detail that we have about what's proposed and what we believe the benefits of those proposals to be so that people can make a fair assessment for themselves.Q. *You've set the bar as a 2/3 majority of those voting for this proposal. Is there a minimum engagement within that? e.g., 50% of the members voting with a 2/3 majority or similar?*A. No. The 2/3 figure is part of the current governance arrangements born out of the rules and regulations that are associated with the current Charter, so we are bound by this. Q. *What is the stance of the GPhC in terms of credentialling? If I had the RPS portfolio credentialling as a certain level professional, would that be enough assurance to the GPhC that I am competent and don't need to do the four CPD entries and peer review for reflective entry anymore?* A. The GPhC has for a number of years been exploring what they believe their position should be as a regulator in the post registration space and their role in assurance. RPS continue to have dialogue with the GPhC on how credentialing could dovetail neatly with any future iteration of revalidation. Q. *What is the plan for the RPS moving forward should this vote be rejected?* A. It would be very disappointing and it would be a very bad day for the profession, because RPS think it would question the confidence that our voting members have in the profession and its future, as well as concerns about the ability of the RPS to deliver on their plans over the forthcoming years. RPS would probably stop and question the wisdom of the proposal, but it wouldn't stop them from progressing with the work on membership strategy and on membership value mentioned earlier. The advocacy work is still going to remain really important as is the work on future visions of the profession. There is also work in operationalising the existing visions that came out of the three national pharmacy boards in the last couple of years. Work such as the type that we do on thought leadership, for example on medicine shortages and the work that RPS did at the very end of 2024; making sure that that type of work keeps focused and maintains momentum. It wouldn't stop the RPS from staying very focused on the things that we recognise as being an imperative for ourselves as a professional leadership body. It's our job over the next few weeks, ahead of the vote, to make a really compelling and strong case to make sure that that vote becomes a positive one. Q. *Is there going to be an eligibility cut off in terms of membership joining time frame for a vote on these proposals?*A. Yes, there is a cut-off date. There is a timeline worked out and when the next phase of engagement is ready and there is confidence that it is correct, the timelines, including the cut-off date, will be published. It is likely to be a couple of weeks before the date of the SRV.Q. *Is there a minimum membership period to which members would be bound if they disagreed with the direction of the RPS after the vote?*A. This is about making the right decision for the future of the profession, so there'll be some criteria around this associated with that date for cut off for membership that we’ll also publish at the same time.Q. *Is there a suspicion within the RPS that a campaign to flood either the yes or no votes exists?* A. There are no such suspicions. It’s around the operational aspects of making sure that everybody who votes is actually eligible to be able to vote. Q. *Given that these changes affect the entire profession, should the RPS not be encouraging as many members of the profession that's going to be affected by it to make themselves eligible to vote. Many people are worried that this will change our profession without them having a stake in it, unless they're willing to pay £250.*A. What we're not doing is in any way introducing any hurdles that change the current eligibility criteria for membership. It's important that as many people as are eligible, are able to exert their view and opinion through participation in the SRV. We want that as wide and broad as possible.Q. *What are the implications for Northern Ireland if this goes ahead, as we do not have an RPS?*A. We are focused on England, Wales and Scotland with these proposals as that's our current footprint. We recognise we have full members in other countries who are eligible to participate and vote in this, and that won't be changed. Any future consideration about extending the footprint of the current RPS or the future Royal College will be done through discussion and consensus. NI has a representative on all curriculum development groups; we have assessors from NI and we have successful candidates from NI at consultant level. So, although GB based, we do take NI into our co-production of our credentialing materials.Q. *What additional things can be achieved as a Royal College that can't be achieved right now?*A. There's a lot. While recognising the strength of brand of the RPS today, it's clear from our interactions with Government; with ministers; with elected officials and with the press, that the shorthand that Royal College implies is stronger than our ability to talk about the RPS - the professional leadership body for pharmacy and pharmacists and pharmaceutical scientists. If you talk about the Royal College of Pharmacy, they get it and the public gets it, we believe. What we do and how we do it will continue to be as important in the future as it is today. We believe we’ll be able to work differently under our new constitution by having much closer relationships and working relationships with all those stakeholders mentioned at the beginning of today’s meeting. Q. *What aspects of being a Royal College would you hope to emulate and how would you avoid the pitfalls and criticisms that a lot of royal colleges have fallen into or come under recently? Is there a particular Royal College that you think does this well?* A. You're obviously referring to the physicians’ associate furore and some of the criticism around that. The Royal College of Emergency Medicine is quite small, but it's really effective and gets its messages out very clearly. It articulates what it's doing and supports its members very well. There's a lot we've learnt from our dialogue with the other royal colleges. Two things in particular really stand out. One is to avoid creating over-complex governance arrangements. We can make that clearer in the new proposed governance structure for RPS, with better clarity around the roles and the responsibilities of the various governance elements within the future structure.  The other is transparency and openness in decision making. We can sometimes be seen to be more secretive than is necessary. It's important in designing the future structure that we take the opportunity to be much more open and engaging wherever we possibly can be, and embracing this collaborative approach will enable us to do more of that. We are, as we are currently constituted, an absolute anomaly in the health space of all of the professional leadership bodies. The vast majority are royal colleges and are registered charities. Three key learning points really * Don't be too big and don't be over complicated.
* Be open and transparent and
* Make sure you're fully compliant with the modernised regulatory standards that the Charity Commission and OSCR will insist upon.

Q. *At individual registrant member of the profession level there is a general criticism of royal colleges. They take your money. You pay a lot for assessments. There is considerable impact on your lifestyle, purchasing a house, raising children, going on holiday. They make you jump through a lot of hoops; some of which seem arbitrary. What can be learned from those criticisms in terms of our membership and how do you plan to address those, should Royal College status be granted? Specifically on financial impact and impact on a member or non-member’s time, would you try to seek a slightly different model or would you try to address those in a different way?*A. There's no proposal to increase cost for members in this approach, but we are very conscious of the need to work harder and better at demonstrating the benefit and the value of membership of the RPS future Royal College. That touches on all of those aspects around advocacy, education, and includes assessment and credentialing and the importance of that approach. It's really important that any significant conversation that happens for us going forward in the future needs to be done very purposefully and with deep engagement and with strong active listening. And when decisions are taken, that those who take those decisions are held accountable for them. Q. *GPs spend £400+ and a significant amount of their own time completing portfolios and gathering evidence. With the drive towards accreditation in mind, we’re very much hoping the RPS or Royal College would get behind our national campaign for protected Supported Professional Activity (SPA) time for pharmacists and professional activities and support it.*A. It's something we feel really strongly about, so would love to discuss this further and get behind it. It's a really important piece of advocacy for the RPS. We believe that all pharmacists should be able to undertake education research activity during protected time within their working hours. We've been very forthright to articulate that with elected representatives, with MPs, MSPs and Assembly Members. The RPS is likely to be, if anything, even more vociferous in our support for calling for that and we can see the GHP campaign being extremely complementary and maybe strengthened by working together on how we might bring that more strongly to the fore. We would really welcome ongoing and further dialogue. There's no point saying we want all pharmacists not just to be advanced clinically, but to have leadership, management, education and research capability and then giving them no time or access to any of that to be able to demonstrate it. Q. *What future collaboration and engagement can the GHP expect with the RPS around this?*A. It’s an open door. We really welcomed this meeting. We're more informed as a consequence of listening to you and the concerns of your membership. I hope we've been able to relay what we've been hearing on behalf of our own membership. It's about making sure that we keep talking to each other and I think we need to discuss how we can do that to keep this momentum. It's a really useful.A lot had been covered, although it was never going to be possible to cover everything and the GHP President didn't think that that the RPS would have all the answers today. GHP is looking forward to future discussions and, speaking on behalf of all the Council, he said he could see the potential behind the change but, as discussed today, there will be a need for ongoing trade union engagement and there will need to remain clear messaging to, and engagement with, both our memberships as well.  |